County: Columbia COLUMBIA HEALTH CARE CENTER PO BOX 895 WYOCENA 53969 Phone: (608) 429-2181
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 146
Total Licensed Bed Capacity (12/31/00): 149
Number of Residents on 12/31/00: 129 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes 128 Average Daily Census:

**************************************	****	1&3 *****************	*****	******	******	*******	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No Yes No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org. /Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 44. 2 10. 9 0. 0 0. 0 1. 6 3. 9 12. 4 9. 3 1. 6 4. 7 11. 6	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	3. 9 10. 9 44. 2 37. 2 3. 9 100. 0 96. 1 % 10. 0 69. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years ************************ Full-Time Equival Nursing Staff per 100 (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	8. 3 6. 0 30. 2

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	2. 2	\$119. 71	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	1. 6%
Skilled Care	11		\$277. 55	81	87. 1	\$101.06	ŏ	0. 0	\$0.00	$2\ddot{3}$		\$134.00	ŏ	0. 0	\$0.00	$11\overline{5}$	89. 1%
Intermediate				9	9. 7	\$82.40	0	0.0	\$0.00	2	8.0	\$128.00	0	0.0	\$0.00	11	8. 5%
Limited Care				1	1. 1	\$69. 96	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.8%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	11	100.0		93	100. 0		0	0.0		25	100.0		0	0.0		129	100.0%

Page 2

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions, Se	ervices, and Activ	vities as of	12/31/00	
beachs builing kepoliting lellou]		% Needi n	ıg		Total	
Percent Admissions from:		Activities of	%	Assi stance		Totally	Number o	f
Private Home/No Home Health	7. 5	Daily Living (ADL)	Independent	One Or Two	Staff De	ependenť	Resi dent	s
Private Home/With Home Health	0.0	Bathi ng	0.8	76. 0		23. 3	129	
Other Nursing Homes	3. 3	Dressi ng	8. 5	82. 2		9. 3	129	
Acute Care Hospitals	83. 3	Transferring	19. 4	65. 9		14. 7	129	
Psych. HospMR/DD Facilities	2. 5	Toilet Use	10. 1	74. 4		15. 5	129	
Rehabilitation Hospitals	0. 0	Eati ng	31. 0	51. 9		17. 1	129	
Other Locations	3. 3	***************	******	******	:***************	******	*******	***
Total Number of Admissions	120	Continence	1 0 .1 .		l Treatments		%	
Percent Discharges To:		Indwelling Or Extern			eiving Respiratory		14. 7	
Private Home/No Home Health	18. 9	Occ/Freq. Incontinen		51. 2 Rece	iving Tracheostor		0. 0	
Private Home/With Home Health	10. 7	Occ/Freq. Incontinent	t of Bowel		eiving Suctioning		1. 6	
Other Nursing Homes	4. 1				eiving Ostomy Care		3. 1	
Acute Care Hospitals	13. 9	Mobility		Rece	eiving Tube Feedin	ng	3. 9	
Psych. HospMR/DD Facilities	0. 8	Physically Restraine	d	7. 8 Rece	eiving Mechanicall	ly Altered D	iets 41.1	
Reĥabilitation Hospitals	0.0				_	-		
Other Locations	11. 5	Skin Care			Resident Characte			
Deaths	40. 2	With Pressure Sores			e Advance Directiv	ves	82. 9	
Total Number of Discharges		With Rashes		7.8 Medica				
(Including Deaths)	122			Rece	eiving Psychoactiv	ve Drugs	61. 2	
***********	*****	********	******	******	******	********	*****	***

		Owne	ershi p:	Bed	Si ze:		ensure:		
	This Govern		ernment	100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85. 9	86. 7	0. 99	86. 4	0. 99	87. 0	0. 99	84. 5	1.02
Current Residents from In-County	85. 3	58. 7	1. 45	79. 8	1.07	69. 3	1. 23	77. 5	1. 10
Admissions from In-County, Still Residing	35. 8	28. 8	1. 25	23. 8	1. 51	22. 3	1. 60	21. 5	1.67
Admissions/Average Daily Census	93. 8	57. 6	1.63	109. 7	0.85	104. 1	0. 90	124. 3	0. 75
Discharges/Average Daily Census	95. 3	61.8	1. 54	112. 2	0.85	105. 4	0. 90	126. 1	0. 76
Discharges To Private Residence/Average Daily Census	28. 1	17. 2	1.64	40. 9	0. 69	37. 2	0. 76	49. 9	0. 56
Residents Receiving Skilled Care	90. 7	82. 5	1. 10	90. 3	1.00	87. 6	1. 03	83. 3	1.09
Residents Aged 65 and Older	96. 1	88. 2	1.09	93. 9	1. 02	93. 4	1.03	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	72. 1	80. 0	0. 90	68. 7	1.05	70. 7	1. 02	69. 0	1.05
Private Pay Funded Residents	19. 4	16. 8	1. 15	23. 2	0.84	22. 1	0.88	22. 6	0.86
Developmentally Disabled Residents	0. 0	0. 9	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00
Mentally III Résidents	55. 0	48. 7	1. 13	37. 6	1.46	37. 4	1. 47	33. 3	1.65
General Medical Service Residents	11.6	17. 6	0. 66	22. 2	0. 52	21. 1	0. 55	18. 4	0.63
Impaired ADL (Mean)	51. 2	43. 1	1. 19	49. 5	1. 03	47. 0	1.09	49. 4	1.04
Psychological Problems	61. 2	59 . 3	1.03	47. 0	1. 30	49. 6	1. 23	50. 1	1. 22
Nursing Care Required (Mean)	10. 2	7. 2	1. 41	7. 2	1.41	7. 0	1. 45	7. 2	1.42